

## **Duluth Building Safety** 411 W 1st Street Duluth MN 55802 218/730-5300 Fax 218/730-5901

## **Project Information Worksheet** Spring 2008 Commercial and 3+ Residential

Submit this completed worksheet at the permit counter with plans, the intake checklist, and any other documents required for your project. This form tells plan reviewers about your project and tells us how to contact you during plan review.

Project Address				Email REQUIRED	
Legal Description  Lot/Block/Subdivision or other description				Applicant Email	
				Owner Email	
Applicant Information					
Name		Phone	Fax	Design Pro Email	
Applicant Address				For office use	
Street	City	State	Zip		hecked & Date
Owner Information	Owner is applican	t: Contact info san	ne as above	District	
	Owner is apprean			Water Management Area	
Name Owner Address		Phone	Fax	Special	
				Approvals Required	
Street	City	State	Zip		
Design Professional Information License #					
Name		Phone	Fax		
Firm					
Design Professional Add					
Street	City	State	Zip		
Please describe the project:				Dropbox App?	
				Building plan review scheduled for week of:	